RI SOS Filing Number: 201600754340 Date: 06/16/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 16 AM 11:34

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation
789241	Rhode Island Hispanic family Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Development of Unity of communities

5. Principal Office Address	City	State	Zip
139 Indiana Ave	Prov	RI	02905

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Kennedy Arias	Eddy De Aza
Street Address 139 Indiana Ave	Street Address 76 Miller St.
City Prov State RI Zip 02905	City Prov State RI Zip 02905
Secretary Name Sixto Taveras	Treasurer Name Lissette Mejia
Street Address 93 Daboll St.	Street Address 100 Princeton St.
City Prov State RI Zip 02907	City Prov State RI Zip 02907

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Ervin Torres	Eddy De Aza
Street Address 18 Tiffany St.	Street Address 76 Miller St.
City Prov State RI Zip 02908	City Prov State RI Zip 02905
Director Name Lissette Mejia	Director Name Sixto Taveras
Street Address 100 Princeton St.	Street Address 93 Daboll St
City Prov. State RI Zip 02907	City Prov State RI Zip 02907

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: Kennedy Ant. Arias — Date: 6/16/16

Signature of Officer/Authorized Representative: Kennedy Ant. Arias SIGN DOCUMENT HERE

FILED
JUN 16 2016
By 276810
A.A.

Form No. 631
Revised: 2016

138212-1-1135975